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**520.42915X00**

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020457 7590 12/05/2005

**ANTONELLI, TERRY STOUT & KRAUS, LLP**  
1300 NORTH SEVENTEENTH STREET  
SUITE 1800  
ARLINGTON, VA 22209-3873

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020(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/613,148

07/07/2003

Koji Nagata

520.42915X00

6729

**TITLE OF INVENTION: EXPOSURE APPARATUS AD EXPOSURE METHOD**

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE (S) DUE	DATE DUE
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Nonprovisional

NO

\$1400

\$300

\$1700

03/06/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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JARRET, RYAN A

2125

700-121000

1. Change of correspondence address or indication of "Fee Address: (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB?122 attached.

agents OR, alternatively,

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys **1 ANTONELLI, TERRY, STOUT AND KRAUS, LLP.**

Or agents OR, alternatively,

(2) the name of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**Hitachi, Ltd.**  
**Hitachi High-Technologies Corporation**

(B) RESIDENCE: (CITY and STATE and COUNTRY)

**Tokyo, Japan**  
**Tokyo, Japan**

03/07/2006  
02 FC:1504

1400.00 OP  
300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order- # of Copies \_\_\_\_\_

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- ☐ A check in the amount of the fee(s) is enclosed.  
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Deposit Account Number **01-2135** (enclose an extra copy of this form).

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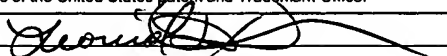
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date: **MARCH 6, 2006**

Typed or printed name

**Leonid D. Thenor**

Registration No. **39,397**

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